IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB			
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state			
For office use only indexed			
Audited			
Checked			
Computer			

DHS Glenwood Resource Center	.
Name of Department or Office	201
Mailing Address City	wood, IA 51534 v, State, Zip Code
712-525-1683 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Kevin D. Stamm Missouri River Basdin Water Mngmt Division	
Name	
1616 Capital Ave, Ste 365 Omaha, NE 68102	
Mailing Address City, State, Zip Code	12/30/2010 \$1,980.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0,00".
Email Address (optional)	receiving department of diffice. If no value mark 10.00 .
Provide a description of the gift or bequest and purpose thereof:	
2 Pool tables w/accessories for Client use valued at \$1,3	210 000 individual air has an Olivita / 1: 1
value of \$670.00	310.00, individual gift bag per Chent w/ combined
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the state	te or received by the Governor on behalf of the state.
atement of Affirmation:	
Ruth Messinger	annual Code Co.
sessment of the fair market value (if applicable) is correct and true to the bes	s accurate. I further affirm that the information concerning the donor and st of my knowledge.
	01/24/2011

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FORM-GB

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this report to the Government Oversight Committee. This form is to receipt of the gift or bequest.	be filed within 20 days of Computer	
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	be filed within 20 days of Computer Computer	
DHS Glenwood Resource Center	PA	
	wood, IA 51534	
Malling Address City	, State, Zip Code	
Area Code & Telephone No.	R S	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	
OONOR OF GIFT OR BEQUEST: American Legion Auxiliary Name		
% Cathy Brown Bridgewater, IA 50837		
Mailing Address City, State, Zip Code	1/26/2011 \$25.00	
105 NW 4th Street	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
100 handmade valentines for Client use.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the stat	e or received by the Governor on behalf of the state.	
tatement of Affirmation:		
Ruth Messinger affirm that the gift or bequest reported above is	s accurate. I further affirm that the information concerning the donor and	
sessment of the fair market value (if applicable) is correct and true to the bes	st of my knowledge.	

Si

	Ruth Messinger				
١,		_affirm that the gift or be	quest reported above is accurate.	I further affirm that the information	n concerning the donor and
а	ssessment of the fair market v	(alue (if applicable) is co	rrect and true to the best of my known	owledge	g z.io doi:o: diii
•	secondition and an unfatter a	arao (ii abbilogoic) io oo	ricci and true to the best of my kin	owicuge.	

02	2/01/2011
	Date

Signature

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DHS Glenwood Resource Center		',
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534	<u> </u>
Mailing Address 712-525-1683	City, State, Zip Code	-13
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPAR	TMENT OR OFFICE:	- 13
ONTACT PERSON FOR RECIPIENT DEPAR	TMENT OR OFFICE:	- 13
	TMENT OR OFFICE:	- 10
ONTACT PERSON FOR RECIPIENT DEPAR Name Mailing Address (if different from above)	TMENT OR OFFICE: City, State, Zip (if different from above)	-

Hope Lutheran Church We	omen		
Name		-	
Mt. Pleasant	IA	11	
Mailing Address	City, State, Zip Code	1/26/2011	\$50.00
Area Code & Telephone Nun	nber	Date of Gift or Bequest *value is defined as "fair m.	Amount/Value* sarket value" of item as determined by
Email Address (optional)		receiving department or off	fice. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof: Canteen card for Client M. Crile Criteria to use this form: Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger assessment of the fair market v	_affirm that the gift or bequest reported above is accurate. ralue (if applicable) is correct and true to the best of my kn	I further affirm that the information concerning the donor an owledge.
	(" application to contest and the to the best of my kill	owieuge.

02/01/2011		
	Date	

Signature